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AUTHOR Anderson, Betty N.; Bower, JoAnn C.
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ABSTRACT

The Louisiana Department of Education provides formalized preschool programs for handicapped children in 65 public schools, with 40 of those programs serving sparsely populated areas. The statewide program was evaluated from January 1985 to June 1986 using a multiple-model research design that included data collection via 39 program visits, 59 class observations, 570 surveys/questionnaires, 1,020 personal interviews with program personnel and parents, 303 class profiles, and 606 student profiles. Findings that have implications for program planning in rural areas centered around the child, the program, and the expected outcomes of the program. Transportation of children to and from school was identified as a major problem. Teachers reported that 54% of the children traveled 1 hour or more per round trip and 14% traveled as much as 2 hours per day. Greater parent involvement was seen as a need by 68% of the teachers responding. Half of the supervisors noted difficulty recruiting therapists. Parents and kindergarten teachers of children who had attended a handicapped preschool program gave positive evaluations of the program. While immediate efficacy of the early intervention program can be documented by the broad-based outcome measures used in this study, the long-term effects must be addressed by a longitudinal study. (JHZ)

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EVALUATION USE IN PROGRAM PLANNING FOR HANDICAPPED PRESCHOOLERS IN RURAL AREAS

By

Dr. Betty N. Anderson
Dr. JoAnn C. Bower
LA Department of Education
P. O. Box 94064
Baton Rouge, LA 70804-9064

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Presenters: Dr. Betty N. Anderson
Dr. JoAnn C. Bower
LA Department of Education
P.O. Box 94064
Baton Rouge, LA 70804-9064

EVALUATION USE IN PROGRAM PLANNING FOR HANDICAPPED PRESCHOOLERS IN RURAL AREAS

Introduction and Background

The Louisiana State Legislature enacted Act 754 (Education of All Exceptional Children Act) in 1977 (a parallel of PL 94-142) which mandated services to identified handicapped children 3 to 5 years of age, and permitted services to children from birth to 2 years. The Louisiana Department of Education has received State Implementation Grant funding annually since 1978. The program provides a formalized preschool program in 65 public school systems plus several residential programs and specialized day programs across the state to more than 5,000 preschoolers. The 65 public school programs provide services in one of three settings: center-based with instruction provided at a school or center, home-based with instruction provided at the child's home, and a combination of the center/home-based programs. Of the total of 65 programs, 16 consist of only one class and another 12 programs have only two classes. More than 62 percent of the programs in the state have fewer than five classes. Providing educational and related services to this young handicapped population in these sparsely populated areas presents numerous and complex problems in the areas of transportation, physical facilities, staff recruitment and retention, related and support services, and other essential program elements.

The Bureau of Evaluation in cooperation with the Office of Special Educational Services in the Louisiana Department of Education submitted a proposal titled" Statewide Evaluation of the Early Education Program for Handicapped Children in Louisiana" to the U.S. Office of Education. The proposal was funded, and both agencies entered into a Cooperative Agreement to conduct the evaluation beginning on January 1, 1985, and ending June 30, 1986.

Importance of Evaluation

The process of evaluation is as important as its products. The process requires the identification and involvement of program providers and recipients at all levels, as they are the sources of information. Questioning of program providers and participants leads to the realization that they are contributing to the study. Recognition of this partnership is conducive to disclosure and discussion of information which is self-informing and illuminates issues and concerns not generally highlighted in usual reporting or monitoring procedures.

The value of the design of evaluation cannot be overstated in

how it facilitated issue identification. The design made possible the identification and inclusion of items related to maintenance-of-health implications; kindergarten teachers' attitudes toward the presence of preschool handicapped "graduates" in their classes; efficacy of current child search practices; cost implications in pupil appraisal; home-based versus center-based teacher competencies; staff burnout; agency/school "sharing" of children; sociological change related to the level of acceptance of handicapped preschoolers; safe and efficient transporting of young handicapped children; developmental curricula versus academic curricula; and the delivery of comprehensive services to children in sparsely populated areas.

Application of the findings of the evaluation is also important as use of the evaluation is an underlying objective that is encouraged through written reports to federal grantors, administrative and special education staff of the Louisiana Department of Education, and local program administrators. For example, program personnel at the state level were able to use the evaluation to gather needs-assessment kinds of data with regard to staff needs for inservice training and general support. At their request, these data were collected via qualitative interviews conducted at the sites selected for observation.

The design of the study required that the evaluators learn about the program at all levels of implementation. This was accomplished via carefully planned communication with all program personnel at both state and local levels, kindergarten teachers, and parents. Development of lines of communication and maintenance of openness throughout the study not only enhanced the quality of the evaluation content, but also resulted in a positive, receptive attitude on the part of the persons providing the information. They subsequently admitted to perceiving the evaluation and the planned dissemination products as tools with which they could improve their programs. In addition, requests from the field for feedback led to the development of a series of nontechnical, role-specific papers.

Procedures for Conducting Program Evaluation

Conducting a program evaluation requires the collecting of appropriate descriptive information about a program from all persons involved in the program—program personnel, service providers and program recipients. Collection of this information can then be used in describing the program and determining its effectiveness and efficiency.

Interviews with program personnel were used to gather

information from the field in developing and fieldtesting the data collection instruments during the naturalistic study, Wave 1, and Wave 2 of this evaluation. Thirteen separate instruments were developed to collect quantitative and qualitative data from school administrators, teachers, aides, bus drivers, related and support persons, and service providers in the programs as well as from parents. Class and student profiles were also developed to collect information about the numbers and types of children being served by the program, and the performance of those children. The instruments were designed to be used as either interview protocols or questionnaires. Following the development and field testing, the 13 instruments were used in the third wave of the study to collect information from the remaining 55 programs throughout the state. Figure 1 illustrates the design of the study.

Findings and Recommendations

Findings of the evaluation are based upon a multiple-model research design that included data collection via 39 program visits, 59 class observations, 570 surveys/questionnaires, 1,020 personal interviews with program personnel and parents, 303 class profiles, 606 individual student profiles, and more than 664 hours of on-site field work. One finding of the study was that 40 (62%) of the programs across the state have fewer than 5 classes. Review of the class observation schedule indicated that 23 (59%) of these small classes were visited by a two-person evaluation team to interview program personnel, kindergarten teachers, and parents, and to conduct a 4-hour intensive class observation or, when the teacher was in a home-based program, to accompany the teacher on her visits to each child. Findings that have implications for program planning in rural areas are centered around the child, the program, and the expected outcomes of the program.

Child-related Findings

Transportation. Transporting of children to and from school was identified as a major problem area. Some 80 teachers completed and returned the survey/questionnaire. Teachers reported that the average travel time for the preschool handicapped students in their classes was from 10 to 180 minutes per day round trip. They also reported that 54% of these children traveled one hour or more and 14% traveled as much as two hours per round trip. In response to the question about the longest travel time for any one student, the same teachers responded that 18% of the children traveled from 3 to 4 hours per day by school bus.

STATEWIDE EVALUATION OF THE EARLY EDUCATION PROGRAM FOR HANDICAPPED CHILDREN IN LOUISIANA

Bureau of Evaluation, Office of Research and Development
Louisiana Department of Education
Betty N. Anderson and JoAnn C. Bower

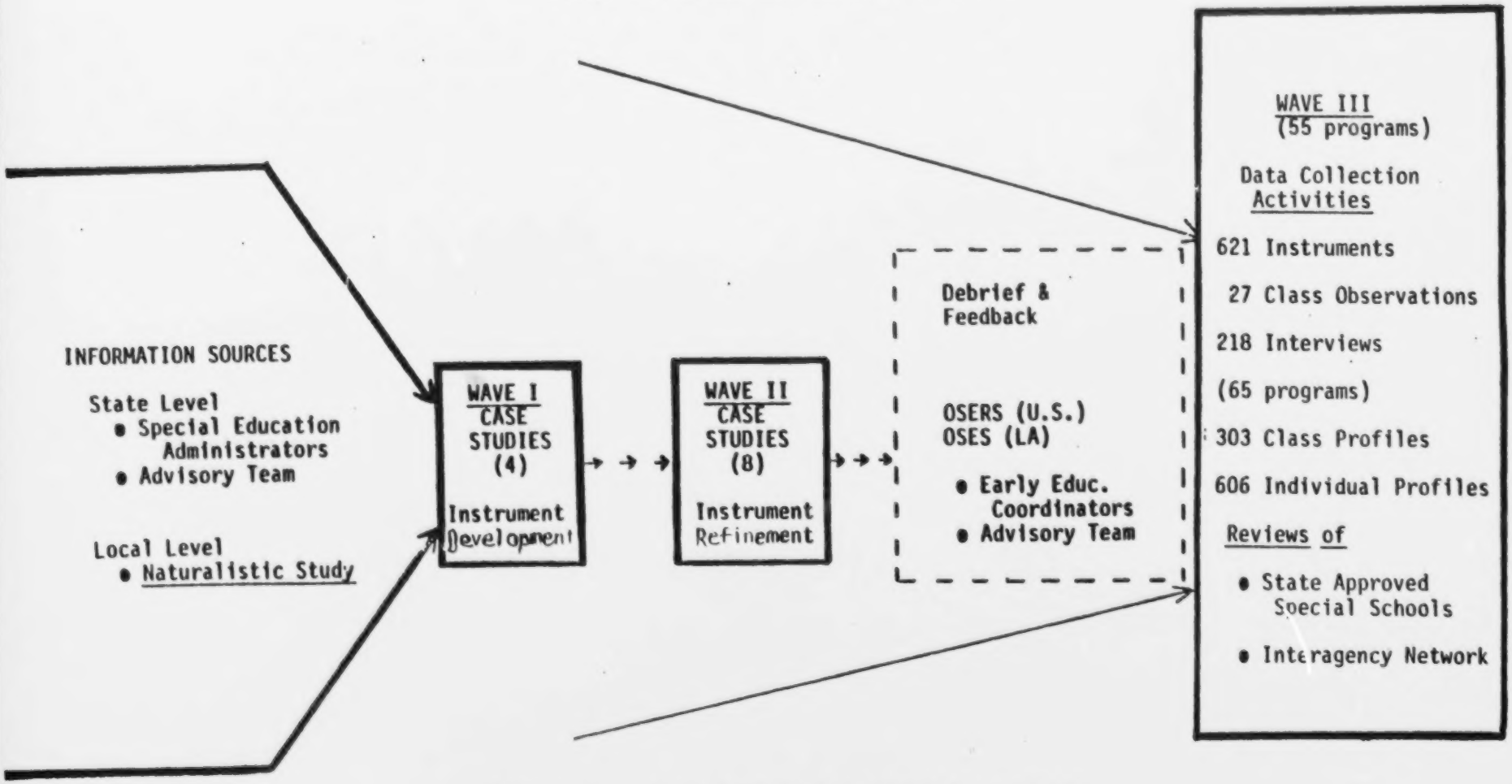

Figure 1. Flow Chart of the Evaluation Paradigm

Some of the problems directly or indirectly related to transportation observed by teachers were the fatigue of the children from the lengthy travel time, lack of a covered loading area for arriving and departing students, and the lack of special seats for handicapped preschoolers. Twenty-six percent of the teachers reported no transportation problems.

In interviews with supervisors the problems that were cited most frequently were transportation-related. One supervisor made the following observation:

> The bus drivers do not want to haul them (handicapped preschoolers). If no responsible party is designated, they look for an older sibling. This parish doesn't have special-education-funded transportation. There are no mini-buses or buses with lifts. I've talked to the transportation supervisor to see if the next new bus can be a bus with a lift. Our handicapped kids are scattered all over the parish. We had the use of a short bus (48-passenger) to use during the Special Olympics. We have bus seats with straps on the regular bus. We juggle so some kids won't have to transfer. I hate to see those little fellas on the school bus, and yet sometimes the parents don't have the means (to provide other transportation) even if I pay (reimburse).

Another supervisor reiterated this concern related to transportation, noting that some of the children in his program had a two-hour bus ride in the morning and again in the afternoon. He also indicated that the children were transported from home to a school where they transferred to a special education bus, and then they were transported to the preschool center. On the flip side of the coin, however, a supervisor said that transportation was NOT a problem in her preschool handicapped program. The 16 children in the preschool program were being transported by three mini-buses, and plans were underway to purchase a fourth.

When a school district had two population centers and only enough children to comprise one class, it was observed that the children were usually transported long distances from one population area to the other. One recommendation to alleviate this problem is to transport children to the class nearest to their domicile without regard to school district boundaries.

Parental involvement. The primary difficulty observed by 68

percent of the 80 teachers who responded to the survey/questionnaire was that parents were less involved than teachers deemed appropriate. During interviews with teachers in center-based programs, the teachers reported that parents exhibited interest in their children's program when they first entered the program, but in many cases, this interest faded quickly as the children became more self-sufficient and acclimated to their new environment. Teachers said that they would like to involve parents more, but were at a loss as to how to accomplish that goal. One of their recommendations was to request training for the staff in the area of teacher/parent communication. Home-based teachers did not cite parental involvement as a problem. The lack of adequate socialization skills was their major concern for children in the home-based programs.

Benefits for children. Primary benefits received by children in the program were perceived to be gains in the cognitive, social, and motor domains, "catch up" opportunities for children who are developmentally delayed, and kindergarten attendance in a regular school setting following participation in the program.

Program-related Findings

Programs for preschool handicapped children generally fall into one of three settings: (1) center-based, with instruction provided at a school or center, (2) home-based, with instruction provided in the child's home, and (3) combination center/home-based, with instruction provided at a center for some children and in the home for other children within the same school system. The home-based teachers who were interviewed during this study generally were providing services for children living in rural farming areas.

Home-based programs. Teachers in home-based programs reported that they generally provide instruction to preschool children in their homes or in a daycare center once a week for a period of 90 minutes. The teachers' case loads ranged from 10 to 15 children. One teacher related that young children who were new to the program often experienced difficulty in tending to tasks for 90 minutes, so she generally scheduled them twice a week for 45 minutes per session. When the teacher deemed the child to be ready for the longer sessions, visits were rescheduled for once a week for 90 minutes of instruction. One teacher in a rural community reported that she drove approximately 200 miles a week to teach the children.

Home-based teachers reported that they were responsible for

developing their visitation schedules with the parents. One adult, preferably a parent, was required to be present during the instructional session. The teachers reported that scheduling a time that is convenient for the parent and for the teacher was sometimes very difficult. One teacher reported that when she attempted to set instructional times with a parent during an IEP conference, a 30-minute discussion ensued, during which the teacher explained that she could not disrupt the already established schedules of her other assigned children to accommodate this one parent. The mother related that she worked and was not able to be present. She said that her boyfriend would be at one session and that the teacher could go to a motel where a babysitter was in charge of the child for the second session. The mother could not give the teacher the babysitter's name. The teacher was not comfortable with this arrangement and did not think that it was in the child's best interest, so she continued to seek alternative times. Finally, two time segments during the week were discovered when the mother could be present at the home. The teacher said that such a scheduling problem does not happen often but when it does, the teacher has to be persistent to ensure that the child will be served.

Home-based teachers sometimes have responsibility for the identification and screening of children. When the teachers are in the homes, they often see other children in the family in need of referral. Children are also referred by the health unit in the area. When this happens, the teacher makes an appointment for the screening either in the child's home or at the pupil appraisal office.

Accompanying the home-based teachers to the homes was a different experience for the evaluators. Everything that the teacher needed for the instructional sessions with the children scheduled for that day had to be carried in the teacher's car. The trunks were laden with children's instructional folders, numerous instructional activities, games, balls, pencils, pens, crayolas, finger paints, books, records and cassettes and their players, and, in one case, an ice chest containing Cool Whip. When the teachers arrived at the homes, they opened their car trunks and collected all the materials for that session. The evaluators helped to haul the many items into the home or daycare center.

The instructional activities conducted in the home-based sessions were very similar to those observed in the center-based programs. Teachers worked on one objective for 15 to 20 minutes and then went on to another. Activities generally included

language development, fine motor coordination, counting, sorting, cutting and pasting, listening to stories and records, etc. Quite often the teachers were observed working with children on the floor or at the kitchen table. One child had a small desk where he sat for his lesson and did his homework.

Home-based teachers reported that they worked closely with the parents or adults in the home. They usually explained what they were trying to accomplish with the child and left homework and instructions for completing it with the parents. One teacher left a special toy with a child until she returned the following week with the stipulation that the child perform one specific activity before being allowed to play with the toy. Both the child and the parent agreed that they would carry out the teacher's orders and complete the work prior to playing with the toy.

Extended-year programs. Another program area highlighted in this evaluation was the extended-year program. While 91 percent of the supervisors responded that the children are selected on the basis of demonstrated regression during a major holiday, 43 percent reported that there are difficulties documenting that regression. In interviews, they indicated that teachers routinely document children's demonstrated regression that occurs during and after a major holiday period.

Some supervisors expressed the belief that the regular preschool teacher was probably the most effective with the children; however, they also noted that working the full academic year and then also working the extended session increased burnout markedly, especially among teachers assigned to the severe/profound classes. They also indicated that the children who attend the extended-year program appear tired at the beginning of the next school year. The supervisors said that even these children need time to relax, to run barefoot in the grass, and to enjoy the warmth of summer sunshine. One supervisor commented, "Play is wholesome, too. A kid ought to have a chance to get out in dirt, grass, and play. Maybe we're overschooling some children. There's always some regression - we regressed; you did, too."

Absenteeism was reported as a major problem in the extended sessions. To combat this problem, one supervisor reported that she had changed the extended-year format from center-based to home-based. This, she asserted, assured parent participation and also significantly reduced costs--from $34,000 to $17,500.

Current research literature related to comparative costs of the home-based and center-based programs supports this finding. However, it is interesting to note that several home-based programs changed to center-based between the 1984-85 and the 1985-86 school years. The home-based teacher who provides individual instruction, confers weekly with the parent, and appears to be cost-efficient is a vanishing breed.

Program staff. There was general consensus among the supervisors interviewed that recruiting certified teachers was not a major problem. However, 50 percent of the supervisors did cite the securing of special services like physical and occupational therapy as the primary difficulty in the program. A related difficulty cited by 41 percent of the supervisors and 53 percent of the teachers was a lack of appropriate working space for ancillary staff (therapists, adapted physical education teacher, nurse). During the observations in the schools, therapists were observed working with children in book storage rooms, on stairwells, on auditorium stages, and next to bandrooms. The evaluators also observed that, apparently, the decision as to where to locate the preschool handicapped classes was predicated upon the availability of space. This space usually meant one or two classrooms without specific areas for ancillary staff to conduct the activities required with each child.

In their attempt to identify a solution to this problem, several supervisors suggested that a comprehensive service delivery model be developed. The purpose would be to provide occupational and physical therapy as well as other specialized services to the rural areas of the state. Some of the health agencies reported concerted efforts by their organizations to work with the school systems, but these efforts do not appear to be comprehensive at this time.

During the observations, the evaluators talked to supervisors about some of the implications of maintenance-of-health procedures such as tube feeding, intermittent catheterization, and suctioning. Most of the supervisors acknowledged that, despite the necessity of such procedures, they had concerns about the legal implications of having their staffs perform them. The issue of liability surfaced frequently in their discussions. One supervisor reported that, after having carefully researched the question of liability related to maintenance-of-health procedures, she feels there is a critical need to obtain accurate information and to disseminate the information statewide.

When teachers were questioned about maintenance-of-health

procedures, most expressed some concern about getting proper training from a professional, having the parent observe the teacher during training, and securing some legal assurances regarding liability in the event something went wrong during the procedure. Without exception, the teachers cited their primary concern as that of ensuring that no harm would come to the child while these procedures were being performed.

Expected outcomes

Performance of children. Kindergarten teachers were asked to rate the performance of children who had attended the preschool program and who were enrolled in their class during the 1985-86 school year. The ratings of the performance of 59 children by their 29 kindergarten teachers appear in Table 1.

Table 1. Frequency distributions of responses of 29 kindergarten teachers who rated the performance of 59 children enrolled in kindergarten.

Ratings	Areas of Performance						
	Fine Motor	Gross Motor	Overall Cognitive	Degree of Independence	Social Development	Receptive Language	Expression Language
Above class average	14%	15%	29%	19%	24%	27%	32%
On-line with class average	41%	42%	39%	51%	40%	39%	31%
Satisfactory, but below class average	29%	25%	18%	24%	26%	17%	15%
Unsatisfactory	17%	17%	14%	7%	10%	17%	22%

Kindergarten teachers reported that some of their stereotypic opinions of handicapped preschoolers were changed when some of the handicapped preschoolers not only performed as well as the regular kindergarten children, but also surpassed their performance in

specific areas. Some of the kindergarten teachers interviewed by the evaluators expressed their belief that other children in the kindergarten class might have benefited from the program services had their parents known about them and checked on their child's eligibility.

Expectation of parents. The parent of one child in every class in which observations were recorded was interviewed. The following selected comments made by parents are indicative of the perceptions that parents have of the program, of program personnel, and of their child's performance:

(My son's) speech has really improved--from nothing to three-letter words. His personality has changed, too. Now he's not very distant. He'll approach people to ask questions or talk now. The first year he didn't progress at all. The second year he progressed some. The third year his progress was terrific. The program personnel really make a difference--the teacher especially. They're not pushing, just encouraging, especially in self-help things.

(My daughter) has changed a lot. Her speech has improved. She's talking a lot more now. She learned to crawl, then to walk with a walker they got for her. She's beginning to go through normal developmental steps. They work with her on each step until she's perfected it before going on.

The teachers--it's super, amazing--the way they handle these kids. They treat 'em like people--like nothing's wrong with them... They're firm, but polite... I can't think of nothing that needs to be changed in the program... It took four to five months to evaluate him. They're busy. They took their time and did it right. They didn't rush the kids.

They say if I stay in contact and learn to relate to him, learn what I need to do with him--that will help.

They tell me what they're working on so I can help. That way I and other parents can continue it. The staff take time to explain things in simple language. They tell you what you can contribute and how you can get involved.

And whenever I have any questions, they're always there to talk to me. I definitely feel comfortable in asking them things.

The teacher sends progress reports home and things for me to

do with him. It's helped me understand his speech and his gestures.

It helps you and it helps the children. My child is more contented--not as frustrated with herself. She's able to do more. She's calmer... It freed me to go to school... It's better around here as far as us and her getting along better. She's out of the house and interacts with other people.

Despite the positive reports made by parents and kindergarten teachers, other program personnel expressed concern that a number of the preschool handicapped graduates who achieve entry into regular kindergarten eventually reenter the special education continuum. Therefore, while immediate efficacy of the early intervention program can be documented by the broad-based outcome measures used in this study, the long-term effects are not. One major recommendation then, is to conduct a longitudinal study to address this issue, which has implications for sound educational programming and cost efficiency.